06520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

MONTGOMERY COUNTY GENERAL HOSPITAL

OLNEY, MD.

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital Inc Olney Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Rt 1 Silver Spring Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Debra (Middle) Jean (Last) Alder
4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 23, 1952
9. AGE last birthday: ✓ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 12 Min. 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Clayton Eugene Alder
14. MOTHER'S MAIDEN NAME: Joyce Marie Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Afelectasis — 12 hrs

7625 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1952, to 6/24, 1952, that I last saw the deceased alive on 6/24, 1952, and that death occurred at 11:18a m., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifont — (Degree or title): M.D. — ADDRESS: Sandy Spring Md. — DATE SIGNED: 6/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-25-52 — NAME OF CEMETERY OR CREMATORY: Oak Chapel Methodist Church Layhill Md — LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 6-24-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: Marvin E Pumphrey — ADDRESS: Silver Spring Md

2062161312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 27 1952
BUREAU V. S.

Items 3c filmG143 6/23/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo. 1 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2013 Park Road, N.W.

3. NAME OF DECEASED: (First) Thomas (Middle) Leonard (Last) ANDREWS
4. DATE OF DEATH: (Month) June (Day) 15, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Nov. 17, 1906	45 yrs.	06	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Agent	Insurance	Pennsylvania	U.S.

13. FATHER'S NAME: Thomas ANDREWS
14. MOTHER'S MAIDEN NAME: Annie CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES	WW II	- - - - - - -	Wife: Myrtle ANDREWS.

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHOGENIC CARCINOMA WITH WIDESPREAD METASTASES	1½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

1624

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 19 52, to June 15, 19 52, that I last saw the deceased alive on June 15, 19 52, and that death occurred at 3:24 P. m., from the causes and on the date stated above.

SIGNATURE S. R. Mills — (DEGREE OR TITLE) ADDRESS — DATE SIGNED

S. R. MILLS, Jr., LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND — June 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 18, 1952	Washington National	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 16, 1952	Earl L. Pettington	S. H. Hines Funeral Home, 2901 14th Street, NW, Washington, D.C.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUN 18 1952
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Item 18 Film 0144 7-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06522

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4613 Highland Ave

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) G. (Last) Armentrout
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Aug 19, 1899	52 yrs.	10	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asuite.
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Nokesville, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noah E. Garver
14. MOTHER'S MAIDEN NAME: Mattie S. Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Paul Armentrout (Husband)-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	1 yr.
	(c)	

32/X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to June 22, 1952, that I last saw the deceased alive on June 22, 1952, and that death occurred at 5 40/2 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George Sharpe M.D. ADDRESS: 6900 Wisconsin Ave, Chevy Chase, Md. DATE SIGNED: June 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-25-1952	Cedar Hill Cemetery	Suitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/25/52	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

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JUN 27 1952
BUREAU V. S.

Written permission recieved from both parents Med. Record Library

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06524

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
   STREET ADDRESS (If rural, give location) 9 Manchester Place

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Armstrong

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 6-28-52

9. AGE last birthday: -- yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 8; Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Glenn Armstrong

14. MOTHER'S MAIDEN NAME: Rosemary Theresa Bulmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS: Father - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sub Dural Hemorrhage

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28- , 1952 , to 6-28- 1952 , that I last saw the deceased alive on 6-28- , 1952 , and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE: Charles K. Hughes, M.D. (Degree or title) ADDRESS Silver Spring, Md. DATE SIGNED 28 June 52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 7-2-52

NAME OF CEMETERY OR CREMATORY Washington San. & Hosp.

LOCATION (City, town, or county) (State) Takoma Park 12, Md.

DATE REC'D BY LOCAL REG. July 1-1952

REGISTRAR'S SIGNATURE T. Holton Dodd

24. FUNERAL DIRECTOR ADDRESS Robert A. Hare, M.D. Wash. San. & Hosp. Takoma Park, Md.

2062252405

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06523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 11 Philadelphia Avenue

3. NAME OF DECEASED (Type or Print) (First) B. Kenneth (Middle) (Last) Beauge, Jr.

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 5, 1932
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (State or foreign country) Bluefield, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME B. Kenneth Beauge
14. MOTHER'S MAIDEN NAME Helen Umberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Helen U. Beauge, 11 Philadelphia Ave Tak. Pk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Concinomatosis	18 months
201X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hodgkins Disease	3 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 11, 1951
19b. MAJOR FINDINGS OF OPERATION Hodgkins disease
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to June 11, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Scully MD. ADDRESS 1835 Eye St N.W. Washington D.C. DATE SIGNED 6/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 14 1952
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Prince George County, (State) Md.

DATE REC'D BY LOCAL REG. June 12 1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St NW Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 1509 Highland Drive

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Bendle
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Feb 16 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Flint Michigan
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James Bendle
14. MOTHER'S MAIDEN NAME: Jane Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Left Cerebral Softening due Thrombosis of middle Meningeal Artery	6 days
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of prostate removed 1947	5 yrs
	DUE TO (c) Infarction lower lobe left lung	6 days?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1950, to 6-20, 1952 that I last saw the deceased alive on 6-20, 1952, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE De Voe K. Meade M.D. (DEGREE OR TITLE) ADDRESS 504 Tulip Ave, Takoma Park, Md DATE SIGNED 6-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial
DATE THEREOF 6/24/52
NAME OF CEMETERY OR CREMATORY Flushing Cemetery
LOCATION (City, town, or county) (State) Flushing, Michigan

DATE REC'D BY LOCAL REG. June 24 1952
REGISTRAR'S SIGNATURE J. William Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 26 1962
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 19 da. 14 hrs. 20 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 6400 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria; STREET ADDRESS (If rural, give location) R. D. Box 252.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	H.	Bianchi	June	9	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 8 1876	75 yrs.	10	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator of Mines & Mills		Rockville Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Bianchi	Rebecca Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-16-4089A	Kathleen B. Blays - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory failure	18 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right cerebral thrombosis	18 days
260X	(c) Diabetes mellitus	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 30, 1952	Right cerebral thrombosis	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 15, 1943, to June 9, 1952, that I last saw the deceased alive on June 8, 1952 and that death occurred at 1:35A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul T. Holland	M.D.	1801 Eye St. N.W. Washington, D.C.	June 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-11-52	Rockville Union	Rockville	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/52	[illegible]	Roberts A. Humphrey	Bethesda, Md.

VS-A15

RECEIVED
JUN 13 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (In this place) 6½ hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 11,148 Old Bladensburg Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Frederick (Last) Bieber

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6, 1897

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate (owner of business)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry John Bieber

14. MOTHER'S MAIDEN NAME: Lissetta Huth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Clara B. Bieber 11,148 Old Bladensburg Rd., Silver Spring Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thoracic hemorrhage (rt.) due to crushed Chest

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Gaithersburg (COUNTY) Montg (STATE) md

TIME OF INJURY (Month) June (Day) 23 (Year) 52 (Hour) 4:50 P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Auto struck bridge abutment

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brockhurst (Degree or title) M.D. ADDRESS: Gaithersburg md DATE SIGNED: 6-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/27/52; NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery; LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 6/26/52; REGISTRAR'S SIGNATURE: Jessie M. Lierman for Jos. Warner & Funeral

24. FUNERAL DIRECTOR: ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
JUN 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 E. Indian Spring Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 211 E. Indian Spring Drive

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Ettie (Last) Bieberitz
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	4/17/93	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Washington, D. C.	U.S.A.

13. FATHER'S NAME George Ballenger
14. MOTHER'S MAIDEN NAME Ella Green Jack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mr. George E. Bieberitz, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebro-Vascular Apoplexy	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral Arteriosclerosis	
(c)	Hypertension, Essential	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 1936, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William J. Miller M.D. 1835 Eye St. N.W. D.C. 6/4/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/7/52	Cedar Hill Cemetery	Prince Geo. County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/6/52	Frances Potter	Edward L. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
JUN 10 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 8 days 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sun Ray Terrace Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale (Rural)
STREET ADDRESS (If rural, give location) Queen Anne Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Udora	Virginia	Briggs	June	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Apr 15 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	Home work	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M. Briggs	Louella Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. Ernest Briggs Jr. Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respir. failure due to	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition, pneumonia, and cardiac	5 wks.
	(c) decompensation from arteriosclerosis	Indefinite

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hiatus Hernia of Stomach

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/22/, 1952, to 6/1/, 1952, that I last saw the deceased alive on 5/31/, 1952, and that death occurred at 2:00 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen N. James	MD	Riverdale, Md.	6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/3/52	Forest Cem.	Hyattsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2, 1952	Alexander J. Locke	Ernest Tolson Jr.	Hyattsville Md.

RECEIVED
JUN. 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4701 West Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4701 West Virginia Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) A. (Last) BROADHURST
4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 10-20-[illegible]53
9. AGE last birthday: 88 yrs. — If under 1 year: Months 8, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Broadhurst
14. MOTHER'S MAIDEN NAME: Eliza Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Vallie M. Broadhurst-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Azotemia	2 weeks
177X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Recurrent cystitis and pyelitis	4 months
	(c) Carcinoma of Prostate	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Atherosclerosis, generalized — 10years

19a. DATE OF OPERATION: Feb. 8, 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate with infiltration into bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1948, to June, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE: Robert G. Angle (Degree or title) M.D. ADDRESS 5029 Bethesda Ave., Bethesda, Md. DATE SIGNED June 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-30-1952
NAME OF CEMETERY OR CREMATORY: Browningsville Meth. Ch.
LOCATION (City, town, or county) (State): Browningsville, Maryland

DATE REC'D BY LOCAL REG.: 6/28/52
REGISTRAR'S SIGNATURE: Jessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Curlu Rest Home 708 Phila. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 19 Jefferson St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) R. (Last) Brown

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/20/1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boyhens Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John - Riley

14. MOTHER'S MAIDEN NAME: Martha - Brett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: R. A Brown - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cerebral Arteriosclerosis — 14 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senecudis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952, to June 7, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE Wilson Leonard (DEGREE OR TITLE) M.D. ADDRESS 5301 Conn. Ave. DATE SIGNED June 7, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 6/10/52 — NAME OF CEMETERY, OR CREMATORY Cedar Hill Cem — LOCATION (City, town, or county) Ft Georges Co (State) Md

DATE REC'D BY LOCAL REG. June 7-1952 — REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR J. L. & H. Hines Co. — ADDRESS 2901-14th St. N.W.

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk, Md. — LENGTH OF STAY (In this place) 11 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington,
STREET ADDRESS (If rural, give location) 1302 Fairmont St.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) William (Last) Burke

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	3-20-99	53 yrs.	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Self	Ret. - Broker	Oakland, Md.	Amer.

13. FATHER'S NAME: Thomas Burke

14. MOTHER'S MAIDEN NAME: Anna Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Wash. San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	6 hrs.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis	years
DUE TO			
	(c)	Diabetes Mellitus	years.

269X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ——, 1945 to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert Hare M.D. (DEGREE OR TITLE) ADDRESS Takoma Park, Md. DATE SIGNED 6/30/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-3-1952	Ft. Olivet	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1st 1952	J. Hilton Dodd	Lowell D. Pumphrey	Bethesda, Md.

RECEIVED
JUL 3 19[illegible]
BUREAU V. S.

Item 9 FilmG143 6/23/52 whs

3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sil Sp Md.
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joelliff Rest Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montg. COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) Silver Springs Route 2

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) E.H. (Last) Campbell.

4. DATE OF DEATH (Month) 6 (Day) 9 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-13-1873
9. AGE last birthday 69 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY House Wife.
11. BIRTHPLACE (State or foreign country) Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unk
14. MOTHER'S MAIDEN NAME Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Nursing Home Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Disease	16 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition secondary to	1 yr.
	(c) Metastatic Ca. from Squamous cell Ca. Skin Sacral Region	1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION –
19b. MAJOR FINDINGS OF OPERATION –
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1949 to June 9, 1952 that I last saw the deceased alive on June 6, 1952 and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 009 Seminary Rd. Silver Springs Md June 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Cremation.
DATE THEREOF 6-12-52
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory.
LOCATION (City, town, or county) (State) Pr Geo Co Md.

DATE REC'D BY LOCAL REG. 6/10/52
REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR W.K. Huntemann & Son
ADDRESS 5732 Ga Ave N.W.
W.K. Huntemann & Son.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1952
BUREAU V. S.

3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (If in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) Joseph (Last) Cepelones Jr.
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 1, 1952
9. AGE last birthday yrs. If under 1 year Months Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Eugene Joseph Cepelones Sr
14. MOTHER'S MAIDEN NAME Marie Alline Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH 2 days

764.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 19 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 6/20, 1952 that I last saw the deceased alive on 6/20, 1952, and that death occurred at 10:16 a. m., from the causes and on the date stated above.

SIGNATURE: C. H. Sigon (Degree or title) MD ADDRESS Sandy Spring MD DATE SIGNED 6/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/23/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington, D. C. (State)
DATE REC'D BY LOCAL REG. 6-23-52
REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 314

VS. 415 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

LENGTH OF STAY (in this place) 14 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 Gist Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 608 Gist Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Roosevelt (Last) Clement

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1952.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec 5, 1906

9. AGE Last birthday: 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Police Dept.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T.W. Clement

14. MOTHER'S MAIDEN NAME: Lillian Withers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 579-10-1570

17. INFORMANT & ADDRESS: Mrs. Margaret S. Clement 608 Gist Ave. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 mos.
33/X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Hemorrhage	5 mos.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis — 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1942 to June, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE L.B. Snow M.D. (DEGREE OR TITLE) ADDRESS Silver Spring, Md. DATE SIGNED 6/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 7, 1952. — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REG. 6/6/52 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J. Arthur Dailey — ADDRESS 254 Carroll Ave. N.W. Takoma Park 12, D.C.

RECEIVED
JUN 10 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY ~~Prince George's~~ Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 531 14th St., SE COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 531 14th St., SE

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) (Last) Clements

4. DATE OF DEATH (Month) June (Day) 10, (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 6/11/1870

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James L. Lawson

14. MOTHER'S MAIDEN NAME Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Robert M. Detre

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Carcinoma of pancreas	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Obstructive jaundice	2 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/52, 19....., to 6/10/52, 19....., that I last saw the deceased alive on 6/10/52, 19....., and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Robert M. Detre June 10 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6-13-1952.

NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL

LOCATION (City, town, or county) (State) ARLINGTON VA.

DATE REC'D BY LOCAL REG. June 10-1952

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR W.W. Chambers Co. #517 11th St. SE, Washington D.C.

ADDRESS

RECEIVED
JUN 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halpine
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halpine
STREET ADDRESS (If rural, give location) Rockville

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Handy (Last) Coates
4. DATE OF DEATH (Month) June (Day) 14 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 3, 1859
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Della Noland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage, right hemiplegia	41 days
33N Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	10 ~~days~~ (years)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1929, to June 14, 1952 that I last saw the deceased alive on June 13, 1952 and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE Wm. A. Linthicum (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 6/14/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/52
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) Rockville, Md (State)
DATE REC'D BY LOCAL REG. 6-18-52
REGISTRAR'S SIGNATURE Helen S. Eckenfelder per L.V.A
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 19
BUREAU V. S.

Written permission rec'd from both parents W.H. Hyatt Med. Record Librarian

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

39

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.
STREET ADDRESS (If rural, give location) 708 Sterling RD

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Collins

4. DATE OF DEATH (Month) (Day) (Year) 6/15 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6/15/52
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Bernard Lester Collins
14. MOTHER'S MAIDEN NAME Gleason.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Father - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acrania - 8 mo. gestation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Polyhydramnios

(c) Premature separation placenta

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15 11:30 A.M., 1952, to 6/15 12:15 P.M., 1952, that I last saw the deceased alive on 6/15, 1952, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE Emma Hughes (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 6-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6-17-52
NAME OF CEMETERY OR CREMATORY Washington San. & Hosp.
LOCATION (City, town, or county) (State) Takoma Park 12, Md

DATE REC'D BY LOCAL REG. June 18 1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A. Hare ADDRESS Takoma Pk. Md

RECEIVED
JUN 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 227

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 33 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D. C.
STREET ADDRESS (If rural, give location) 1641 West Virginia Ave, N.E. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
George.	Berchman	Considine	6	25	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Single	2-2-1910	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Postal clerk	—	Washington D.C.	Amer.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James W. Considine	Sophie Small

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	1943-45-Army		Records - Wash. Sanitarium & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of head of pancreas with	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) hematogenous spread to liver, lungs and	
DUE TO		
	(c) heart (aortic & mitral valves)	6 mos

#57 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1952, to 6-28, 1952 that I last saw the deceased alive on 6-25, 1952, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wm. Voe Kerr Jr.	M.D.	504 Tulip Ave., Takoma Park, Md.	6-29-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 1-1952	Arlington Nat'l Cem	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 29-1952	J. Milton Dodd	Francis J. Collins	3821-14th St. NW Wash. D.C.

RECEIVED
JUE 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

41

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4710 Chestnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4710 Chestnut St.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Irene (Last) Cook
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 3, 1875
9. AGE last birthday 76 yrs. If under 1 year Months 11 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Tenn.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John T. Bowser
14. MOTHER'S MAIDEN NAME Rosa I.P. Bass
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 413-03-9209B
17. INFORMANT Earl L. Cook- Same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of previous attacks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

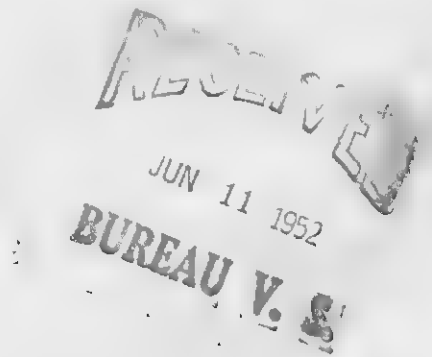
SIGNATURE Frank J. Bosechart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF June 8, 1952
NAME OF CEMETERY OR CREMATORY Forest Hills
LOCATION (City, town, or county) (State) Chattanooga, Tennessee
DATE REC'D BY LOCAL REG. 6/9/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


JUN 11 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg Md
STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Winfield (Last) Cranford
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1.6.80
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Mont. Co. Road Dept.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Benjamin Cranford
14. MOTHER'S MAIDEN NAME Mary Ellen Hook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-28-4350
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 4 months

162 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Residuals of left cerebral [illegible] — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 11 45 p.m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Barthersburg, Md. DATE SIGNED June 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-12-52
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville, Md.
DATE REC'D BY LOCAL REG. 6-14-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 9 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 2900 Connecticut Avenue, N.W.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Charles Elmore CROPLEY	June 17, 1952	Male	White	Married	July 28, 1894	57 yrs.	10 / 19	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chief Clerk	U.S. Supreme Court	Washington, D.C.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles B. CROPLEY	Grace ELMORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	- - - -	- - - - - - - -	Wife: Roma CROPLEY,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular Disease	5 yrs +
7571.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Congenital anomaly of Kidney & absence of Ureter	Congenital
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Infection, Lung. — 1 week +

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10 1952, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

S. W. LYER, CDR, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND — June 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 19, 1952	Oak Hill Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 17, 1952	Earl Worthington	Jos. Gawler's Sons Funeral Home	1755 Pennsylvania Ave., NW, Washington, D.C.

VS-115 8-51

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2V3

1.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7300 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Col. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3517 Livingston, Street, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	Mae	CROWN	June	28	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	4-6-1871	81 yrs.		22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Frederick Co. Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Elliott	Susan Ullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Mrs. Mildred C. Holmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardosis - Senile	6 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arteriosclerosis	6 yrs
	(c) Hypertension	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 27, 1952, to June 28, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 3:40 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Richard [illegible] MD	4601 16th St NW Wash. D.C.	June 28 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-30-52	Rockville Union	Rockville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28 1952	[signature]	Robert A. Dumphrey	Bethesda, Md.

RECEIVED
JUL 1 1952
BUREAU V. S.

44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 7406 Summit Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Margaret Lucinda Dickinson
4. DATE OF DEATH (Month) (Day) (Year): 6 12 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4/26/1874
9. AGE last birthday: 78 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Okolona Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Williams
14. MOTHER'S MAIDEN NAME: Margaret Ethridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: John Klein 7406 Summit Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Heart failure	5 min
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Hypertensive heart disease	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to June 12, 1952, that I last saw the deceased alive on June 11, 1952 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sandore Shulman M.D. 24th 16th St N.W. Washington D.C. 6-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/12/1952
NAME OF CEMETERY OR CREMATORY: Mineral Springs Cemetery
LOCATION (City, town, or county) (State): Mineral Springs Ark

DATE REC'D BY LOCAL REG.: 6/12/52
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: J. William Lee's Sons Co. ADDRESS: 300-4 St. N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MONTGOMERY COUNTY GENERAL HOSPITAL
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Monte.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Dodson

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 2-4-80

9. AGE last birthday 72 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Lomax

14. MOTHER'S MAIDEN NAME Louise Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic aneurism

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 WK yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1952, to 6/2, 1952, that I last saw the deceased alive on 6/1, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 5 1952 NAME OF CEMETERY OR CREMATORY Norbeck MP LOCATION (City, town, or county) Montgomery Co (State)

DATE REC'D BY LOCAL REG. 6-5-52 REGISTRAR'S SIGNATURE Gertrude B Lawton

24. FUNERAL DIRECTOR Robert L Snouffer ADDRESS Rockville

VS. A15

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 9 1952
BUREAU W. S.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6631 Harlan Place

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Wilson (Last) Elliott

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 24 1898

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter - Building Business & Gen'l. repairs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotte, North Carolina

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John W. Elliott

14. MOTHER'S MAIDEN NAME: Agnes Pettus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records, Washington San. & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) Uremic State - Arteriolic Kidneys	DUE TO	Terminal
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	DUE TO	years.
	(c)		

42 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion — 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to 6/21/, 1952, that I last saw the deceased alive on 6/21/, 1952, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert A. Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Forest Hill — **DATE THEREOF** 6-23-52 — **NAME OF CEMETERY OR CREMATORY** Oakdale — **LOCATION** (City or County) N. Carolina — (State)

DATE REC'D BY LOCAL REG. June-21-1952 — **REGISTRAR'S SIGNATURE** J. Thom Dodd

24. FUNERAL DIRECTOR W.W. Chambers Co. — **ADDRESS** 580 Cleveland Ave. Riverdale Md.

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill

STREET ADDRESS (If rural, give location): - - - - -

3. NAME OF DECEASED: (Type or Print) (First) Eddie (Middle) James (Last) ESTESS

4. DATE OF DEATH: (Month) June 1, (Day) (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1885

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months 09, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oran ESTESS

14. MOTHER'S MAIDEN NAME: Frances HUNTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES — (If Yes, give war or dates of service) WW I & II

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Constance ESTESS,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

443X DUE TO

Antecedent cause(s) (b) + uremia

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

260X (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetis mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work [ ] Not while at work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1952, to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE: R. J. McCarthy, Lt., MC, USN — (DEGREE OR TITLE) ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: June 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 4, 1952 — NAME OF CEMETERY OR CREMATORY: Episcopal Cemetery — LOCATION (City, town, or county) (State): Snow Hill, Maryland

DATE REC'D BY LOCAL REG.: June 1, 1952 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Dennis Funeral Home, Snow Hill, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenbrook Country Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 424 Taylor St.

3. NAME OF DECEASED (Type or Print) (First) S. (Middle) RUPERT (Last) EVANS

4. DATE OF DEATH (Month) June (Day) 16, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Dec. 29, 1891

9. AGE last birthday 60 yrs. If under 1 year Months 5 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret-Factory Rep.

10b. KIND OF BUSINESS OR INDUSTRY Office Equipment

11. BIRTHPLACE (State or foreign country) Texas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James A. Evans

14. MOTHER'S MAIDEN NAME Sarah R. Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Herman P. Evans 6 Burning Tree Ct. Beth., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: died suddenly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Bethesda (COUNTY) Montgomery Co. (STATE) Md

TIME OF INJURY (Month) June (Day) 16, (Year) 1952 (Hour) 10:45 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? died suddenly, natural causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Baumfeld, M.D. (Degree or title) Dep. Med. Examiner Mont. Co. ADDRESS Bethesda, Maryland DATE SIGNED 6/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE FILED 6-19-52

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 6/17/52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda LENGTH OF STAY (in this place) 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS Lt. # 1 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Leo (Middle) Thomas (Last) Fitzsimmons			4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 15 1881	9. AGE last birthday 70 yrs.	If under 1 year Months 10 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housing janitor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frederick C Md	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Ignatious Fitzsimmons		14. MOTHER'S MAIDEN NAME Annie Thomas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Linganore B Fitzsimmons R.F.D. Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolus	[illegible]
X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombosis pelvic veins	Several days
	(c) Transurethral Fulguration Bladder Tumor	25 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydronephrosis left Kidney

19a. DATE OF OPERATION 14 June 52	19b. MAJOR FINDINGS OF OPERATION Possible Carcinoma bladder	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 June, 1952, to 24 June, 1952, that I last saw the deceased alive on 24 June, 1952, and that death occurred at 4:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Itsh,	M.D.	Suburban Hospital Bethesda Md	25 June

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/27/52	St Rose	Clopper Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26, 1952	Alfreda G Cooke	Ernest C Gaithers	Gaithersburg Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 30 1952
BUREAU V. S.

50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS CUR-LU	STREET ADDRESS (If rural, give location) 302 Dearborn Ave

3. NAME OF DECEASED (Type or Print)	(First) HARVEY	(Middle) Joseph	(Last) FORMWALT	4. DATE OF DEATH	(Month) June	(Day) 26	(Year) 1952
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH July 2 1879	9. AGE last birthday 72 yrs.	If under 1 year Months —	Days —	If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Goods Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Sales	11. BIRTHPLACE (State or foreign country) Silver Run, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George FORMWALT			14. MOTHER'S MAIDEN NAME SUSANNA				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 578-24-9065	17. INFORMANT AND ADDRESS MRS MARY F. de VERMOND				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia - Left Lower Lobe	3 days
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Parkinson's Disease	5 years
	(c) Generalized Arterio-Sclerosis	5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Decubital Ulcers

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Sept, 1948, to 6/26, 1952, that I last saw the deceased alive on 6/26, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Merritt M. Cross	M.D.	8248 Georgia Ave. Silver Spring, Md.	6/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 28, 1952	NAME OF CEMETERY OR CREMATORY Paxtang Cemetery	LOCATION (City, town, or county) Harrisburg	(State) Penna
DATE REC'D BY LOCAL REG. 6-30-52	REGISTRAR'S SIGNATURE Francis Foster	24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Tok. Pk. D.C.		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7700 Blair Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: North Carolina — COUNTY: Edgecombe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rocky Mount
STREET ADDRESS (If rural, give location): 817 Marigold Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) Fowler

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 12, 1879

9. AGE Last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Atlantic City, New Jersey

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Henry D. Fowler, Rocky Mount, N. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — dead

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Borchart M.D. — Gaithersburg Md — 6-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Ship. & burial | **DATE THEREOF**: June 8, 1952 | **NAME OF CEMETERY OR CREMATORY**: Pine View Cemetery, Rocky Mount | **LOCATION** (City, town, or county) (State): Edgecombe Co., N. C.

DATE REC'D BY LOCAL REG. 6-9-52 | REGISTRAR'S SIGNATURE | **24. FUNERAL DIRECTOR** | ADDRESS

Wernox E. Pumphrey, Silver Spring, Md.

JUN 11 19
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

52

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK — LENGTH OF STAY (in this place) 7 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 PHILLADELPHIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 708 Philadelphia Ave

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) ALMIRA (Last) GANNON.
4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: 24 FEB 1863
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): CHARLES COUNTY MD.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: THOMAS J. HUNTER
14. MOTHER'S MAIDEN NAME: MARY E. AUD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UD — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MRS ELLEN KNIGHT 9718 COLESVILLE RD MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Thrombosis.	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	20 yrs.
	(c) Bronchopneumonia	4 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to June 24, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William Robert Perkins M.D. — 1463 - Rhode Island Ave NW Washington, D.C. — June 24, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
June 27-1952 | Bedar Hill Cem | Suitland Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
June 27 1952 | J. Milton Dodd | S. H. Hines Co | Washington D.C.

RECEIVED
JUN 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 1001 Houston Ave.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) McKay (Last) Gow

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-4-78
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gow
14. MOTHER'S MAIDEN NAME: Margaret McKay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ~~yes~~ no
16. SOCIAL SECURITY No.: yes
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.
162X
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pneumoconiosis — indep.

19a. DATE OF OPERATION: Jan 22, 1952
19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1952 to June 6, 1952 that I last saw the deceased alive on June 5, 1952, and that death occurred at 3.30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Roy J. Wallace M.D. 1801 K St. N.W. Wash. D.C. June 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 6/7/52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. June 10-1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 44 8-51

RECEIVED
JUN 12 1952
BUREAU V. S.

54

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (In this place): DOA; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY: - - - -; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 2138 California Street, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Kathryn; (Middle) Powell; (Last) GOWER

4. DATE OF DEATH: (Month) June; (Day) 29; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1885

9. AGE last birthday: 67 yrs.; If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William T. POWELL

14. MOTHER'S MAIDEN NAME: Catherine HOOVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO; (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT AND ADDRESS: Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary congestion & edema — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broccia, M.D. — ADDRESS: Gaithersburg, Maryland — DATE SIGNED: June 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 2, 1952; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: June 30, 1952; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Jos. Gawler's Sons Funeral Home; ADDRESS: 1750 Pennsylvania Ave., N.W., Washington, D.C.

RECEIVED
JUL 10 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 mos. 13 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia COUNTY Glynn
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 1511 Dartmouth Street

3. NAME OF DECEASED: (Type or Print) (First) Denis (Middle) Edward (Last) GRADY
4. DATE OF DEATH: (Month) June (Day) 6, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 18, 1930
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months 06 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Petty Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Joseph GRADY
14. MOTHER'S MAIDEN NAME: Elsie HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT & ADDRESS: Wife: Dorothy Elizabeth GRADY, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Reticulum Cell SARCOMA — INTERVAL BETWEEN ONSET AND DEATH 7 months

200.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23 19 52, to June 6, 19 52, that I last saw the deceased alive on June 6, 19 52, and that death occurred at 9:55 P m., from the causes and on the date stated above.

SIGNATURE A. E. Marland (DEGREE OR TITLE) ADDRESS DATE SIGNED
A. E. MARLAND, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. June 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF June 7, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Ansonia, Connecticut

DATE REC'D BY LOCAL REG. June 7, 1952
REGISTRAR'S SIGNATURE Edith Whettington
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10512 De Neave Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10512 De Neave Road.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) LORIMER (Last) GRANT

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 7, 1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Ingram
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert D. Grant, 10512 De Neave Rd. S. S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156X

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Postoperative Toxemia — 3 mo.

DUE TO

(c) Pyloric obstruction of Gastric Ulcer — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mild Hypertension - Arteriosclerosis — 8-10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Pyloric obstruction due to Duodenal Ulcer.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to 27 June, 1952, that I last saw the deceased alive on 23 June, 1952, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE G. B. Queen M.D. (Degree or title) Takoma Park, Md ADDRESS DATE SIGNED 27 June 1952.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 30, 1952.
NAME OF CEMETERY OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) Riggs Rd Pr Geo Co (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-30-52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

57

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville
STREET ADDRESS (If rural, give location) Olney -

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) Hayes (Last) Hammond

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11-5-97

9. AGE last birthday: 54 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labored - Construction work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Hammond

14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cachexia	10 days
163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	carcinoma of the lung	6 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1952 to June 17, 1952 that I last saw the deceased alive on June 17, 1952 and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville Md. 6/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-21-52
NAME OF CEMETERY OR CREMATORY: West Liberty Cemetary
LOCATION (City, town, or county) (State): Alpha, Md.

DATE REC'D BY LOCAL REG. 6-18-52
REGISTRAR'S SIGNATURE: Gertrude B. Lawly
24. FUNERAL DIRECTOR: Weir & Haught, Sykesville, Md.
ADDRESS

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 24 1
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 11b 8-51

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Fairfax

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church

STREET ADDRESS (If rural, give location): 1659 Roberts Lane ✓

3. NAME OF DECEASED: (Type or Print) (First) Brett (Middle) Lee (Last) HENDERSON

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 22, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR Months 00 Days 02 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dale L. HENDERSON

14. MOTHER'S MAIDEN NAME: Lois Lorraine LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Father; Dale L. HENDERSON,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Erythroblastosis fetalis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

779.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 19 52, to June 24 19 52 that I last saw the deceased alive on June 24, 1952 And that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

L. W. SEDERSTROM, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. June 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 27, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. June 25, 1952

REGISTRAR'S SIGNATURE Earl Whittington

24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUN 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Hamilton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Montgomery; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 404 Hamilton Ave.

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) Maria (Last) Herberg

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/17/84

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Shafer, Minn.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Warndahl

14. MOTHER'S MAIDEN NAME: Jo Hanna Johnson

15. WAS [illegible]EASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mr. John C. Herberg 404 Hamilton Ave., SilverSpring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 6 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arteria sclerosis, generalized — 15 yrs.

(c) Parkinsons disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1952, to 6/28, 1952, that I last saw the deceased alive on 6/28, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE A. C. Humphrey (Degree or title) M.D. ADDRESS 7P52 16 Dawes Ward DATE SIGNED 6/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/1/52

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 7/1/52

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp 8600 Old Geo Town Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4122 Military Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WILLIAM HILTON
4. DATE OF DEATH: (Month) (Day) (Year) June 27 1952
5. SEX: Male Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 29 1897
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret-Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Perry Hilton
14. MOTHER'S MAIDEN NAME: Clara Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Mary E. Hilton 4122 Military Rd N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.2
Immediate cause (a) Angina Pectoris
DUE TO
Antecedent cause(s) (b) Chronic Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH 10 day

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16 1952 to June 27 1952, that I last saw the deceased alive on June 25 1952, and that death occurred at 1:42 A.M., from the causes and on the date stated above.
SIGNATURE Chester Brady (DEGREE OR TITLE) M.D. ADDRESS 35 N.Y. Ave NW DATE SIGNED June 27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/30/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 6/27/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901 14th N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,526 St. Paul Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10,526 St. Paul Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JOHN JAMES HODGKINSON

4. DATE OF DEATH (Month) (Day) (Year) June 3 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 5, 1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Hodgkinson
14. MOTHER'S MAIDEN NAME Margaret Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Elizabeth Hodgkinson, 10,526 St. Paul St., Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Dissecting aortic aneurysm	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	life
	(c) Arteriosclerotic heart disease	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1952, to June 3, 1952, that I last saw the deceased alive on June 1, 1952 and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE George Sharpe (Degree or title) M.D. ADDRESS 6900 Wisconsin Ave, Chevy Chase 15, Md. DATE SIGNED June 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/6/52
NAME OF CEMETERY OR CREMATORY Mount Comfort Cemetery
LOCATION (City, town, or county) (State) Alexandria, Virginia

DATE REC'D BY LOCAL REG. 6/6/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415 T

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. Co. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) VIRGIL (Middle) (Last) HORNER

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 10:24:75

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Dairy Industry

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barkley W. Horner

14. MOTHER'S MAIDEN NAME: Emily Hartzauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmhoge.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 16 days (b) 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/52, 19.., to 6/7/52, 19.., that I last saw the deceased alive on 6/7/52, 19.., and that death occurred at 8:10 p. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 6/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/10/52. — NAME OF CEMETERY OR CREMATORY: Davis Cemetery — LOCATION (City, town, or county) Prince Wm. Co. (State) Va.

DATE REC'D BY LOCAL REG. 6-8-52 — REGISTRAR'S SIGNATURE: Gertrude B. Lewis

24. FUNERAL DIRECTOR: Robt. Dumphrey, ADDRESS Bethesda, Md.

RECEIVED
JUN 11 1952
BUREAU V. S.

63

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beall Ave - extended

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 709 Brunt Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Hoskinson

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2-3-1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor - Self Emp.
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ? Hoskinson
14. MOTHER'S MAIDEN NAME Laura McFarland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 234-34-1256
17. INFORMANT AND ADDRESS Helen Chalfonte 2730 Wis. Ave. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to carbon

173.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) monoxide poisoning

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 14, 1952
NAME OF CEMETERY OR CREMATORY Potomac Church Cem
LOCATION (City, town, or county) (State) Montgomery, Maryland

DATE REC'D BY LOCAL REG. 6/13/52
REGISTRAR'S SIGNATURE Helen Eckenfelder
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-16

BEGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6620 McArthur Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont; STREET ADDRESS (If rural, give location) 6620 McArthur Blvd.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Howard

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/1866 ?

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Virginia Claggett - 6620 McArthur Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt Hemiplegia — 10 days

420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fred J. Brockhaus (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 6-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/27/52

NAME OF CEMETERY OR CREMATORY: Seneca

LOCATION (City, town, or county) (State): Seneca, Md

DATE REC'D BY LOCAL REG. 6/27/52

REGISTRAR'S SIGNATURE: Bessie M. Thompson

FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville Md

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JUL 1 19[illegible]
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2451

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 12 East Maple Street ✓

3. NAME OF DECEASED: (Type or Print) (First) (none) (Middle) (none) (Last) JENSEN

4. DATE OF DEATH: (Month) (Day) (Year) June 26, 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 25, 1952
9. AGE last birthday: 00 yrs. — IF UNDER 1 YEAR: Months 00, Days 00 — IF UNDER 24 HRS.: Hours 7, Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Edward JENSEN
14. MOTHER'S MAIDEN NAME: Ann Naomi HONEYCUT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - -
17. INFORMANT & ADDRESS: Father: George E. JENSEN, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Immaturity — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
762.5
Antecedent cause(s) (b) Prematurity
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, Sub-dural hemorrhage

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25 19 52, to June 26 19 52, that I last saw the deceased alive on June 26, 19 52, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE: L. W. Sederstrom (DEGREE OR TITLE) ADDRESS: L. W. SEDERSTROM, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND — DATE SIGNED: June 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Disposal
DATE THEREOF: June 27, 1952
NAME OF CEMETERY OR CREMATORY: USN MEDICAL SCHOOL
LOCATION (City, town, or county) (State): BETHESDA, MARYLAND
DATE REC'D BY LOCAL REG.: June 26, 1952
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: NONE

201 22 1291

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M C I T

RECEIVED
JUN 30 1952
BUREAU K

166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Montg~~ Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville
STREET ADDRESS (If rural, give location) Rt 1 ✓ (Rural)

3. NAME OF DECEASED (Type or Print) (First) Gwendolyn (Middle) Ellen (Last) Johnson
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 16, 1952
9. AGE last birthday yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Albert Henry Johnson
14. MOTHER'S MAIDEN NAME Ethel Jeanette Kelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	dehydration and acidosis	4 days
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	infantile diarrhea	4 days
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prematurity (7mos - 3lb 9oz infant) — 5 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED 6/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 1, 1952
NAME OF CEMETERY OR CREMATORY Simpsonville
LOCATION (City, town, or county) Howard Co (State)

DATE REC'D BY LOCAL REG. 7-1-52
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Robert L Snowden
ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) 26 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Ar...

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Rural

STREET ADDRESS (If rural, give location) Box 103

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Marion (Last) JONES

4. DATE OF DEATH: (Month) June 2, (Day) (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 22, 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 09 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Petty Officer, U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John JONES

14. MOTHER'S MAIDEN NAME: Susan FRAZIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: - - - - - - - -

17. INFORMANT & ADDRESS: Sister: Mrs. Sue ENEVER,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA, PHARYNX, WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

148X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work [ ] Not while at work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1952, to June 2, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE B. T. Eberly (DEGREE OR TITLE) ADDRESS DATE SIGNED

B. T. [illegible], MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. June 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 5, 1952

NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 3, 1952

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR John M. Taylor & Son, Annapolis, Maryland ADDRESS

RECEIVED
JUN. 5. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halpine Rd.; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halpine Rd.; STREET ADDRESS (If rural, give location) Rockville

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) B. (Last) Joppy

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: A-A

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 17, 1935

9. AGE last birthday: 17 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Joppy

14. MOTHER'S MAIDEN NAME: Mildred W. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mildred W. Joppy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemmorrhage — 8 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Passive Congestion Endocarditis — 2 weeks

(c) Rheumatic Fever — 1946

401.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949 to June 13, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 2:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Wesley Sewell, M.D. ADDRESS: Norbeck DATE SIGNED: 6-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/17/52

NAME OF CEMETERY OR CREMATORY: Sligerlee Park

LOCATION (City, town, or county) (State): Rockville, Md

DATE REC'D BY LOCAL REG. 6-17-52

REGISTRAR'S SIGNATURE: Helen S. Edenfelder, Reg. L.D.A.

24. FUNERAL DIRECTOR: Robert L. Snowden

ADDRESS: Rockville Md

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JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1418 Montague St. NW

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Kerans

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1952

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH June 20, 1952 | 9. AGE last birthday yrs. | If under 1 year Months | Days 1 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edwin G Kerans | 14. MOTHER'S MAIDEN NAME Ann Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - Immaturity - 2# 11 oz

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable cerebral aglenesis secondary to prenatal anoxia.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1952, to 6-21, 1952, that I last saw the deceased alive on 6-21, 1952, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE Robert O. Warthen | (Degree or title) MD | ADDRESS 62 Franklin Ave. Kensington Md. | DATE SIGNED 6-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6/23/1952 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 6/23/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Eugene A. Habel | ADDRESS 741-11th St NW

VS. A15

RECEIVED
JUN 25 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 45 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 1325 Trinidad Ave. N.E.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Adam (Last) Klug

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: May 22-1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - American Ice Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. William B. Klug
14. MOTHER'S MAIDEN NAME: Mary (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Pt's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage, acute	25 min
331X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral Arteriosclerosis	2
	DUE TO		
	(c)	Essential Hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 1951, to 6/10, 1952, that I last saw the deceased alive on 6/10/1, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Henry E. Andrews, M.D. 7600 Carroll Ave. Takoma Park, Md. 6/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 13-1952
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. June 10-1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Martin W Hysong Co ADDRESS 1300 N. St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

71

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8819 Brookville Rd

3. NAME OF DECEASED (Type or Print) (First) Phyllis (Middle) D (Last) Lee
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1952
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10.9.43
9. AGE last birthday 8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Upton Lee
14. MOTHER'S MAIDEN NAME Florence Beander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock due to 1st & 2nd degree burns involving back chest and arms

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) June (Day) 17.52 (Year) 11 P (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Explosion of Kerosene lamp

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 22
NAME OF CEMETERY OR CREMATORY Sugar Land
LOCATION (City, town, or county) Dawsonville (State) Md
DATE REC'D BY LOCAL REG. 6/23/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9001 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9001 Georgia Ave.

3. NAME OF DECEASED (Type or Print) (First) Darrell (Middle) Hobaugh (Last) Leslie

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1/9/16

9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Butler, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Floyd L. Hobaugh

14. MOTHER'S MAIDEN NAME Elizabeth Hubelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Dr. Frank G. Leslie, 9001 Ga. Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial

DATE THEREOF 6/11/52

NAME OF CEMETERY OR CREMATORY North Cemetery

LOCATION (City, town, or county) (State) Butler, Pennsylvania

DATE REC'D BY LOCAL REG. 6/10/52

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Lumparey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: St. Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Great Mills

STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Kathryn (Last) LESPRON

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1952

5. SEX: [illegible]

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 1, 1952

9. AGE last birthday: 00 yrs. — IF UNDER 1 YEAR: Months 00, Days 14 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesus R. LESPRON

14. MOTHER'S MAIDEN NAME: Mary ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: Father: Jesus R. LESPRON,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobular pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

DUE TO

7620

Antecedent cause(s) (b) atelectasis, bilateral — from birth

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952, to June 15 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE: P. G. [illegible], LT, MC, USN — (DEGREE OR TITLE) ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: June 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 18, 1952 — NAME OF CEMETERY OR CREMATORY: Little Flower Cemetery — LOCATION (City, town, or county) (State): Great Mills, Maryland

DATE REC'D BY LOCAL REG.: June 17, 1952 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: NONE — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID 8-51

JUN 20 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4600 Harling Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 4600 Harling Lane

3. NAME OF DECEASED (Type or Print): (First) H. (Middle) Christine (Last) LEWIS

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-30-1880

9. AGE last birthday: 61 yrs. If under 1 year: Months 11, Days 18. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County Welfare Worker

10b. KIND OF BUSINESS OR INDUSTRY: Welfare

11. BIRTHPLACE (State or foreign country): Alfred, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther W. Lewis

14. MOTHER'S MAIDEN NAME: Adeline Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harlen Sotore, Belmont, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast with metastasis to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) liver, lungs, pancreas and omentum

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION: March 7, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast with metastasis to axillary nodes

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1951, to June 18, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 12:55 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aaron H. Traum M.D. 8237 Georgia Ave Silver Spring Md. June 19 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit

DATE THEREOF: June 21, '52

NAME OF CEMETERY OR CREMATORY: Forest Hill

LOCATION (City, town, or county) (State): Allegany Co. New York

DATE REC'D BY LOCAL REG.: 6/20/52

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey

ADDRESS: Bethesda, Md.

VS (A15)

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place) 1 month 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Oliver (Last) Lowe

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-5-1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lowe

14. MOTHER'S MAIDEN NAME: Sgra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchectasis, chronic

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 yrs. (b) 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

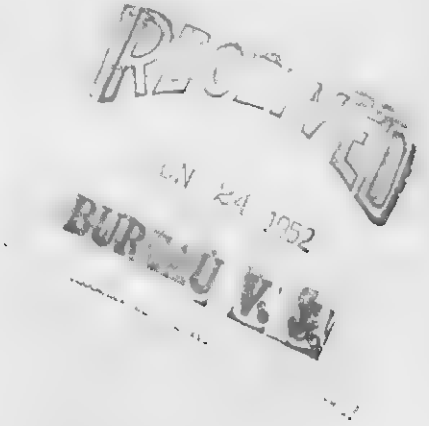
22. I hereby certify that I attended the deceased from May, 1952, to June 22, 1952, that I last saw the deceased alive on June 22, 1952, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: L. J. Rowland (Degree or title) ADDRESS: Sandy Spring, Md. DATE SIGNED: 6/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 25, 1952 — NAME OF CEMETERY OR CREMATORY: Woodside Cemetery — LOCATION (City, town, or county) (State): Brinklow, Maryland

DATE REC'D BY LOCAL REG. 6-22-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.


RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 314 / 431

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (In this place) 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1520 H st N. W.

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) HARRY (Last) MARSH
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov 3, 1873
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Spalding Marsh, Silver Springs Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive Arteriosclerotic Heart disease	9 mos.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Cerebrovascular accident	9 mos.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to June 1, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 10:39 A.m., from the causes and on the date stated above.

SIGNATURE Morris Perry (DEGREE OR TITLE) M.D. ADDRESS 8114 N. Hampshire Ave. S.S. Md. DATE SIGNED 6-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 6/4/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 6/3/52
REGISTRAR'S SIGNATURE Amanda Downey
Frances Potter
24. FUNERAL DIRECTOR F. Gosch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A16 8-51

RECEIVED
JUN 11 19
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION & STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville (College Hts.)
STREET ADDRESS (If rural, give location) 6800 Pineway St.

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) Hamilton (Last) Marshall

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1952

5. SEX: Ma

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-21 1898

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't

11. BIRTHPLACE (State or foreign country): Markham Virginia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: James Keith Marshall

14. MOTHER'S MAIDEN NAME: Elizabeth Hirst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) W.W. 1+2

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Myra J. Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Pulmonary infarctions, multiple; mural thrombi of heart; hypertensive fibrosis DUE TO
(c) from coronary occlusion due to arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 1952, to 6-14, 1952, that I last saw the deceased alive on 6-14, 1952, and that death occurred at 10 10 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis Rabkin M.D. 1200 Lebanon Street Silver Spring Md 6-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF June 18-1952 — NAME OF CEMETERY OR CREMATORY Arlington Natl Cem — LOCATION (City, town, or county) Arlington — (State) Va

DATE REC'D BY LOCAL REG. June 15-1952 — REGISTRAR'S SIGNATURE J. Patrick Dodd

24. FUNERAL DIRECTOR The L. H. Hines Co. — ADDRESS 2901 14th St. N.W. Washington D.C.

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

578.

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): - - - -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 5011 North 4th Street ✓

3. NAME OF DECEASED: (Type or Print) (First): (none) (Middle): (none) (Last): MARTIN

4. DATE OF DEATH: (Month) (Day) (Year): June 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 21, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00 Days 00 IF UNDER 24 HRS.: Hours 01 Min. 09

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David L. MARTIN

14. MOTHER'S MAIDEN NAME: Alice POLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT & ADDRESS: Father: David L. MARTIN,

18. MEDICAL CERTIFICATION same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Prematurity, and Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1hr 9 min

7625

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1952, to June 21, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE: C. L. Waite — (DEGREE OR TITLE) C. L. WAITE, LT, MC, USN — ADDRESS: U. S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: June 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal

DATE THEREOF: June 21, 1952

NAME OF CEMETERY OR CREMATORY: USN Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: June 21, 1952

REGISTRAR'S SIGNATURE: Ruth Whittington

24. FUNERAL DIRECTOR ADDRESS: NONE

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RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Pierce (Last) Mason

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 5-16-1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer - Dog pitches
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Mason
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Millie Rice. McLean, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH 1 yr

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1950, to 6-15, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE Paul D. Cantor (Degree or title) MD ADDRESS Bethesda DATE SIGNED 6-17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-19-52
NAME OF CEMETERY OR CREMATORY National Memorial Park
LOCATION (City, town, or county) (State) Falls Church, Virginia

DATE REC'D BY LOCAL REG. 6/17/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colesville | LENGTH OF STAY (in this place): MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Silver Spring R.7.10.2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland | COUNTY: Montgomery | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colesville | STREET ADDRESS (If rural, give location): Silver Spring R.7.10.2

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) J. (Last) Matthews

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 8, 1893

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeping

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Johnson

14. MOTHER'S MAIDEN NAME: Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Beatrice Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Neoplasm	1 year
	(c)	

422.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1950, to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 11 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Calvin B. Le Compte M.D. | ADDRESS: 66 Penn St. N.E. Washington D.C. | DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 6/11/52 | NAME OF CEMETERY OR CREMATORY: Good Hope | LOCATION (City, town or county) (State): Colesville, Md

DATE REC'D BY LOCAL REG.: 6/11/52 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: Robt. L. Snowden | ADDRESS: Rockville, Md

RECEIVED
JUN 1?
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6200 Madawaska Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo; STREET ADDRESS (If rural, give location) 6200 Madawaska Street

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) Y. (Last) Maus

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-7-1875

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Heavy Machine Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Great Falls, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver S.

14. MOTHER'S MAIDEN NAME: Elizabeth Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. S.M.Maus-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bouchart M.D. (Degree or title) ADDRESS: Gaithersburg md DATE SIGNED: 6-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6-27-52; NAME OF CEMETERY OR CREMATORY: Nat.Memorial Park; LOCATION (City, town, or county) (State): Falls Church, Virginia

DATE REC'D BY LOCAL REG. 6/25/52; REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey; ADDRESS: Bethesda, Md.

VS. A15A

RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Washington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JENNY (Middle) A (Last) cClure

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 16 1861

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Adam Mc Clen

14. MOTHER'S MAIDEN NAME: Mallie Linard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Mary Barber Washington D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal hypostatic pneumonia — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis, senility — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: W McClendress Boyer (Degree or title) M.D. ADDRESS: Damascus, Maryland DATE SIGNED: June 29, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 2 1952 — NAME OF CEMETERY OR CREMATORY: Mountain View — LOCATION (City, town, or county) (State): Boyds Md

DATE REC'D BY LOCAL REG.: July 2/52 — REGISTRAR'S SIGNATURE: Della N. Birdette

24. FUNERAL DIRECTOR: Roy W Barber Laytonsville — ADDRESS:

JUL 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tocoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7420 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tacoma Park
STREET ADDRESS (If rural, give location) 7420 Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) SUE (Middle) F. (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: April 8, 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eliphalet Parsons
14. MOTHER'S MAIDEN NAME: Susanna Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Donald E. Costello, Woods Hole, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart failure.
420.0
DUE TO
Antecedent cause(s) (b) Arteriosclerotic Heart disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) old age.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gallbladder disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1952, to 6/9, 1952, that I last saw the deceased alive on 6/9, 1952, and that death occurred at 9 30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Jackson A. Saxon, M.D. 7044-A Carroll Ave.

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF 6/11/52
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) Woodlawn, (State) Maryland
DATE REC'D BY LOCAL REG. 6/10/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 weeks, 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) (First) Elijah (Middle) Thomas (Last) Mills
4. DATE OF DEATH (Month) June (Day) 16 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 1, 1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER
11. BIRTHPLACE (State or foreign country) Montgomery Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Richard Henry Mills
14. MOTHER'S MAIDEN NAME Mary Eliz. Saffell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS VERNON D. MILLS, GAITHERSBURG, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Recurrent gall bladder	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cholecystitis	4 wks
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complicating operation [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to June 16, 1952, that I last saw the deceased alive on 6-16, 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Rockville DATE SIGNED 6-16-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF June 1952
NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery
LOCATION (City, town, or county) Gaithersburg, Md. (State)
DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR M. R. Eichman & Son ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

LENGTH OF STAY (in this place) 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium - Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.

STREET ADDRESS (If rural, give location) 5116 Chevy Chase Parkway, N.W.

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
(Type or Print) Lawerence	(NMN)	Mitchell	June	5	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucs	Widower	10-9-83	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Asst. To Congressmen		Summerville, Mass.	American

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William P. Mitchell	Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Hospital Chart - Washington San. & Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 410X	(a) CARDIAC Hypertrophy & Insufficiency	10 years?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Sclerosis & Generalized Arteriosclerosis	10 yrs?
	(c) DUE TO Chronic Mitral & Aortic Stenosis	20 yrs?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Terminal Uremia — 7 days.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None	None	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1952, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 9.15 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
A. Anderson	MD	Enroll time Takoma Park Md.	6.5.52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 9. 1952	Oak Grove Cemetery	Medford, Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 5 1952	J. Wilmer Dodd	J. Arthur Walters	254 Carroll St. NW Washington, D.C.

VS-7-15 8-51

RECEIVED
JUN 9 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.; LENGTH OF STAY (in this place) 20 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 722 Somerset Pl. COUNTY Maryland Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.; STREET ADDRESS (If rural, give location) 722 Somerset Pl.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	HERBERT	MOSER.	JUNE 21, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE.	W. DOWED	2-10-1862	90 yrs.	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED MERCHANT	MERCHANT.	Greenville, Tenn-	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT VANCE MOSER.	MARIAMNE ROBINSON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	DAVE W. MOSER. Hyattsville, Md. 722 Somerset Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral clot + general arteriosclerosis	Years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	4 yrs ago.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from June 4, 1952, to June 21, 1952, that I last saw the deceased alive on June 18, 1952, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Seymour Greenbaum, M.D.	9300 Ewing Drive, Bethesda 14, Md.	6/21/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	June 24 1952	Glenwood Cem.	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 21 1952	[signature]	A. H. Howell Co.	Washington 9, D.C.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

LENGTH OF STAY (in this place) 29 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE District of Columbia — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.

STREET ADDRESS (If rural, give location) 7300 Alaska Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nathaniel (Middle) (none) (Last) Mountford

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	divorced	8-16-85	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
artist	artist	English	England.

13. FATHER'S NAME: Thomas Mountford.

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		patient - 7300 Alaska Ave, Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma rectum	2 yrs.
154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Massive hemorrhage stomach	5 days.
	DUE TO (c) Pulmonic Embolism	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
6-18-52	Carcinoma rectum	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 19 52, to 6-26, 19 52, that I last saw the deceased alive on 6-25, 19 52, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John F. Bromsheyer M.D. Takoma Park - Md - 6-26-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-28-52	Cedar Hill Cemetery	Prince George Co - Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-26-52	J. Hillman Dodd	The L. H. Hines Co.	2901 14th St N.W. Washington - D.C.

VS-AIB 8-51

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) Nov. 1949
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Rawls Rest Home 7420 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Eddystone Apts. Vermont Ave. & N Sts., N.W.

3. NAME OF DECEASED (Type or Print) (First) Stella (Middle) (Last) Mullican
4. DATE OF DEATH (Month) June (Day) 14 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/2/66
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Gov't Employee, General Accounting
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Darnestown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Mullican
14. MOTHER'S MAIDEN NAME Martha Boswell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. J. Bright Handy, 758 Rock Creek Church Rd., N.W. Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) hypertension — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/16/52
NAME OF CEMETERY OR CREMATORY Cemetery Darnestown Presbyterian
LOCATION (City, town, or county) (State) Darnestown, Maryland
DATE REC'D BY LOCAL REG. June-15-1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner C. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN—RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): —

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia COUNTY: Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington

STREET ADDRESS (If rural, give location): 4601 20[illegible]n Road, South

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Mary	Frances	NELSON	June 28, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	April 2, 1917	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - - - - - -	Kansas	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John L. FINGER	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	- - - -	- - - - - - -	Husband: Norman E. NELSON, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) BRONCHOPNEUMONIA, BILATERAL

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) CHRONIC CACHEXIA

DUE TO

(c) ULCERATIVE COLITIS

572.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
3 June 1952	ULCERATIVE COLITIS & PERITONITIS	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28 19 52 to June 28 19 52, that I last saw the deceased alive on June 28 19 52, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

L. E. [illegible]BOW, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND June 28, 195[illegible]

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 28,1952		Topeka, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
JUNE 28, 1952	Edith L. Ellington	Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please state the causes of death clearly and legibly.

VS Form 15 (Rev. 1-52)

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~MONTGOMERY COUNTY GENERAL HOSPITAL~~ OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3813 Decatur Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Norris
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 10 1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Norris
14. MOTHER'S MAIDEN NAME: Charlotte Tinstrum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs Sarah N Norris Kensington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 4 days

610X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertr. Prostate ... urinary retention — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Sen. atheroscl. cerebri

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1952, to 6/24, 1952, that I last saw the deceased alive on 6/24, 1952 and that death occurred at 10.5 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) M.D — ADDRESS Sandy Spring — DATE SIGNED 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 25/52 — NAME OF CEMETERY OR CREMATORY: Rockville Md — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG. 6-24-52 — REGISTRAR'S SIGNATURE: Gertrude B Fawley — 24. FUNERAL DIRECTOR: Roy W. Barber — ADDRESS: Sandy Spring Md

RECEIVED
JUN 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 J1

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4204 Dahlia Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4515 9th St. NW

3. NAME OF DECEASED: (Type or Print) (First) HARRIETT (Middle) BURKE (Last) O'BRIEN
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 24, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Prince Edward Island Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Maurice John O'Connor
14. MOTHER'S MAIDEN NAME: Mary Ann McCarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edward K. O'Brien, 4204 Dahlia Rd. Silver Spring, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 170X
(a) DUE TO Carcinoma - Breast with gastric and cerebral metastasis -
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis, generalized

19a. DATE OF OPERATION: 6/4/50 -
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left breast -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24/50 19.., to 6/25/52, 19.., that I last saw the deceased alive on 6/25/52, 19.., and that death occurred at 11:40 PM, from the causes and on the date stated above.

SIGNATURE James A. O'Keeffe (Degree or title) M.D.
ADDRESS 5315-16th St. NW Wash DC
DATE SIGNED 6/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 28, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince Geo. Co. (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 6-30-52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4803 Morgan Drive	STREET ADDRESS (If rural, give location) 2651 - 16th Street, N. W.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) MATHEW (Last) O'ROURKE				4. DATE OF DEATH (Month) June (Day) 7, (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 8-19-1861	9. AGE last birthday 90 yrs.	If under 1 year Months 9 Days 18 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Construction Engr.	11. BIRTHPLACE (State or foreign country) Crawville, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John M. O'Rourke		14. MOTHER'S MAIDEN NAME Mary Lillis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Adm. R.G.Tobin-Son-in-Law 3613 Ch.Ch.Lake Dr. Chevy Chase, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerosis generalized

(c) Benign Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to June 3, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Debney Jarman - 1801 - K St. N.W. Wash. 6 - DC 6-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-13-52	NAME OF CEMETERY OR CREMATORY Mt. Olivet	LOCATION (City, town, or county) Washington	(State) D.C.
DATE REC'D BY LOCAL REG. 6/11/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1952
BUREAU V. S.

593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Mont MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5001 Edgemoor Lane

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) CARROLL (Last) PEARCE
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 14 1893
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Superintendent
10b. KIND OF BUSINESS OR INDUSTRY Electric Power Co
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME THOMAS E Pearce
14. MOTHER'S MAIDEN NAME Catherine M Stabler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-09-3048
17. INFORMANT AND ADDRESS MRS Viola Pearce, 5001 Edgemoor Ln Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH ? c 2 mos.

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29/June 1952, to 30/June, 1952, that I last saw the deceased alive on 30 June, 1952, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. L. Halley MD ADDRESS 915-19th St N.W. Wash D.C. DATE SIGNED 30/June/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/52
NAME OF CEMETERY OR CREMATORY F.H. Lincoln Com.
LOCATION (City, town, or county) (State) Prince George's Co. Md
DATE REC'D BY LOCAL REG. 7/1/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Poole

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 6/7/52

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jacob Poole

14. MOTHER'S MAIDEN NAME Edna Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Jacob Poole Burtonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial hemorrhage — 1 day

7600 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Delivery precipitous & uncontrolled

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1952, to 6/8, 1952, that I last saw the deceased alive on 6/8, 1952, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE A. E. Bonifield (Degree or title) M. D. ADDRESS Sandy Spring, Md. DATE SIGNED 6/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 9 1952

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REG. June 10 - 1952

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Del Wirt Canadian Lane, Md

622144 05

RECEIVED
JUN 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA 16 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5065 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Kathryn (Last) POWERS

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 22, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 04 Days 07 IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leo F. POWERS

14. MOTHER'S MAIDEN NAME: Elizabeth M. SOHNLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Father: Leo F. POWERS,

18. MEDICAL CERTIFICATION same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardiac Failure — DUE TO

7544 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ~~Auricular~~ Fetal Endocarditis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28 19 52, to June 29, 19 52, that I last saw the deceased alive on June 29, 19 52, and that death occurred at 11:51 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS — DATE SIGNED

P. G. [illegible], LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — June 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: June 30,1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Toledo, Ohio

DATE REC'D BY LOCAL REG. June 30, 1952 — REGISTRAR'S SIGNATURE: Earl W. Killington

24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey Funeral Home, 7551 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park, Md. — LENGTH OF STAY (In this place) 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY D. C.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Colombia

STREET ADDRESS (If rural, give location) 3409 Eastern Ave., N.E. 18, D.C. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Robert	Martin	Price	6	11	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	single	1-26-1941	11 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
student		Takoma Park,	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Irvin N. Price	Savilla Swigart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death)	(a) Hypertension Encephalopathy	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute Glomerular Nephritis	3 weeks
	DUE TO (c) Acute Cystitis	3 days 1 week

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anaemia

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 5, 1952 to June 11, 1952 that I last saw the deceased alive on June 11, 1952 and that death occurred at 10:08 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
de Von K. Mudd	M.D.	Takoma Park 12 Md	6-11-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county)	(State)
Burial	June 13, 1952	Geo. Washington Mem.	Riggs Rd. Entrance Riggstown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June-11-1952	J. Milton Dodd	Valley Funeral Home	3200-R.I. Ave. Mt. Rainier, Md.

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 408 Shepherd St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) James McPherson Proctor, Jr.

4. DATE OF DEATH (Month) (Day) (Year) June 11 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 15, 1911
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Lawyer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James M. Proctor
14. MOTHER'S MAIDEN NAME Mary Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 42 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to June 10, 1952, that I last saw the deceased alive on June 10, 1952 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE Gilbert B. Rude (Degree or title) M.D. ADDRESS 3900 Military Rd N.W. D.C. DATE SIGNED 6/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/13/52
NAME OF CEMETERY OR CREMATORY Arlington Natl. Cem.
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 6/11/52
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. — LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.

STREET ADDRESS (If rural, give location) 408 Browning Ave.

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) — (Last) Pugh

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 26, 1875

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Buffalo N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter H. Haas

14. MOTHER'S MAIDEN NAME: Mary Radans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Subarachnoid Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

220X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1952, to 6-9, 1952 that I last saw the deceased alive on 6-9, 1952 and that death occurred at 10:22 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wm. K. Meade M.D. Takoma Park Md. 6-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/12/52

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. June 13-52.

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
JUN 16 1952
BUREAU V. S.

Item 7 FilmG144 7/16/52 whw

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Glen Echo No. 6216 VORLICH LANE St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME KATHLEEN (MORAN) RAPP

(a) Residence: No. 6216 VORLICH LANE St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1921

7. AGE: Years 31 30 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash, D.C. (State or country)

FATHER

13. NAME Adolph C. Moran

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Irene Podgett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Irene Moran (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Monocacy Cemetery Place Beallsville, Md. Date June 30, 1952

19. UNDERTAKER J. Wm Lee's Sons Co. (Address) 300-4th St. N.E., Wash, D.C.

20. FILED 6/30, 1952 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUNE (Month) 27 (Day) 1952 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 15, 1945, to June 27, 1952

I last saw her alive on June 27, 1952; death is said to have occurred on the date stated above, at 10:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	7 YRS AGO

Other Contributory Causes of importance: General Toxemia

Name of operation Date of

What test confirmed diagnosis? Original TAT Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 8016 [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Perilonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8599

Item 18 Film G144 7-11-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C., COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 37 Bryant Street, N. W.

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) C. (Last) Reamy
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/23/12
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Irvin Reamy
14. MOTHER'S MAIDEN NAME Ada Minor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-09-4808
17. INFORMANT AND ADDRESS Ruppert C. Reamy, 652 Franklin St., N. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CAUSE OF DEATH UNKNOWN

795.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) AUTOPSY FINDINGS WERE NEGATIVE.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30, 1952
NAME OF CEMETERY OR CREMATORY Washington National Cemetery
LOCATION (City, town, or county) Pr. Geo. Co., Md. (State)

DATE REC'D BY LOCAL REG. 6 30 52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner C. Humphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND LENGTH OF STAY (In this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5640 Audubon Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 5640 Audubon Road

3. NAME OF DECEASED (Type or Print): (First) Merrill (Middle) F. (Last) REDFERN

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX Male MALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 1, 1901

9. AGE last birthday 50 yrs. If under 1 year: Months 8, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President

10b. KIND OF BUSINESS OR INDUSTRY Air Transport Assn.

11. BIRTHPLACE (State or foreign country) Maple Rapids, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Wm. Redfern

14. MOTHER'S MAIDEN NAME Bertha Westbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 057-01-3978

17. INFORMANT Louise S. Redfern-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 420.1

(b) — INTERVAL BETWEEN ONSET AND DEATH: death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bosshart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 6-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF 6-26-52; NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory; LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 6-25-52; REGISTRAR'S SIGNATURE [illegible]; 24. FUNERAL DIRECTOR [illegible]; ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
JUN 27 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 102

CERTIFICATE OF DEATH

Reg. Dist. No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (In this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia COUNTY: Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington

STREET ADDRESS (If rural, give location): 1200 North Inglewood Street

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Virginia (Last) REHRAUER

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1890

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months 08 Days 08 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob C. GRIFFIN

14. MOTHER'S MAIDEN NAME: Sylvia ARRINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — **(If Yes, give war or dates of service)** - - - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT & ADDRESS: Husband: Walter REHRAUER,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Infarction, Myocardium	3 days
429.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic Heart Disease	6 years
	DUE TO (c)	Hyp	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — 6 years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **INJURY OCCURRED** While at work ☐ Not while at work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 5, 19 52, to June 7, 19 52, that I last saw the deceased alive on June 7, 19 52, and that death occurred at 12:20 P m., from the causes and on the date stated above.

SIGNATURE D. O'Hanian (DEGREE OR TITLE) ADDRESS: D. O'HANIAN, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND — DATE SIGNED: June 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — **DATE THEREOF:** June 7, 1952 — **NAME OF CEMETERY OR CREMATORY** — **LOCATION (City, town, or county) (State):** Houston, Texas

DATE REC'D BY LOCAL REG.: June 7, 1952 — **REGISTRAR'S SIGNATURE:** Edith Whittington

24. FUNERAL DIRECTOR — **ADDRESS:** Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUN 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) River Road, Potomac, Md. LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 120 C. St. NE

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Shuffle (Last) Rhodes
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5-4-1873
9. AGE last birthday 79 yrs. If under 1 year Months 0 Days 30 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edwin Shuffle
14. MOTHER'S MAIDEN NAME Maria Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Fred B Rhodes - 120 C St NE Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastro-intestinal hemorrhage	10 ds
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis, hypertension	
	(c) Cerebral thrombosis	Chronic

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1946, to June 2, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 2200-19th St. W. Wash. DC DATE SIGNED 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-4-1952
NAME OF CEMETERY OR CREMATORY Arlington Nat'l.
LOCATION (City, town, or county) Arlington, Va. (State)
DATE REC'D BY LOCAL REG. 6/3/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR The S.H. Hines, Co. ADDRESS 2901-14th St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1952
BUREAU R. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CEDARCROFT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3901 Davis Pl. NW
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Wells (Last) Riley

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1952

5. SEX: F — 6. COLOR OR RACE: W — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married — 8. DATE OF BIRTH: Mar. 29-1904 — 9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Arthur E Wells — 14. MOTHER'S MAIDEN NAME: Margaret Steep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Nelson L. Riley (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cirrhosis of Liver — ?

581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Alcoholism — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1952 to 6/2, 1952 that I last saw the deceased alive on 6/2, 1952 and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE: Richard B. Andrade M.D. (Degree or title) — ADDRESS: CEDARCROFT SANITARIUM — DATE SIGNED: 6/2-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: June 4/52 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 6/2/52 — REGISTRAR'S SIGNATURE: Frances Talbitt — 24. FUNERAL DIRECTOR: The S. E. Hines Co — ADDRESS: 2901-14th St. N.W. Washington D.C.

RECEIVED
JUN 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ 273

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) 17 Couden Rd.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Robey
4. DATE OF DEATH: (Month) (Day) (Year) June 13 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept 6, 1874
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Franklin
14. MOTHER'S MAIDEN NAME: Louise Burgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: B.C. Robey 18 Couden Rd Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular acident
420.0
DUE TO
Antecedent cause(s) (b) Arteriosclerotic heart disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Generalized Arteriosclerosis + old age

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11, 1952, to 6/13, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE Jackson A. Saxon (DEGREE OR TITLE) M.D. ADDRESS 7044-A Carroll Ave. DATE SIGNED 6/13/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 6-16-52 NAME OF CEMETERY OR CREMATORY St Ignatius LOCATION (City, town, or county) Bel Alton (State) Md

DATE REC'D BY LOCAL REG. 6-13-52 REGISTRAR'S SIGNATURE ~~M. R. Mowry~~ J. Wilson Wood-cmc
24. FUNERAL DIRECTOR Hunt & Ryon Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

SOLD SENT TO LOCAL REGISTRAR No. ____ DATE 6/6/52

RECEIVED
JUN 16 19
BUREAU V. S.

Item 21 Film G144 7-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sligo Creek near Piney Branch Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 825 Bonifant

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Karl (Last) Roessler
4. DATE OF DEATH (Month) June (Day) 17 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH 12/4/77
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Roessler
14. MOTHER'S MAIDEN NAME Marie M. Vierkorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. John Schaeffer, 825 Bonifant St. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X Immediate cause (a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH: Found in Sligo Creek

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Drowning + Suicide

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 6-17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/52
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 6/19/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115A

JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 721 Gresham Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Alvin (Middle) James (Last) ROLLINS

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 12, 1903

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months 0 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James ROLLINS

14. MOTHER'S MAIDEN NAME: Annie REASON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Brother: Jesse ROLLINS, 183 Glenwood Avenue, Buffalo, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cardiac failure	
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Cardiovascular Disease	10 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1952, to June 4, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 12:22 P.m., from the causes and on the date stated above.

SIGNATURE: Sparks — DATE SIGNED: June 5, 1952

(DEGREE OR TITLE) ADDRESS

F. A. SPARKS, Lt., MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 5, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: June 5, 1952

REGISTRAR'S SIGNATURE: Earl Willington

24. FUNERAL DIRECTOR ADDRESS: John T. Stewart Funeral Home, 30 H Street, N.E., Washington, D. C.

RECEIVED
JUN 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 1118 E Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Mitchell (Middle) Plummer (Last) [illegible]

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 30, 1887

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 08 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John M. ROUX

14. MOTHER'S MAIDEN NAME: Ida LUCUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Wife: Lena ROUX,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Peritonitis, Acute	48 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Ulcer, Duodenem, Perforated	48 Hrs.
	(c) DUE TO	

54 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 15 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 19 52, to June 22 19 52, that I last saw the deceased alive on June 22, 1952, and that death occurred at 12:39 P.m., from the causes and on the date stated above.

SIGNATURE H. A. Sparks

(DEGREE OR TITLE) ADDRESS: H. A. SPARKS, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD.

DATE SIGNED: June 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 26, 1952

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. June 23, 1952

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Lee Funeral Home, 4th & Massachusetts Avenue, N.E., Washington, D.C.

VS. A15—8-51

RECEIVED
JUN 25 1952
BUREAU V. S.

Item 18 Film G144 6-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREEN ACRES
LENGTH OF STAY (in this place) 18 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5019 Wakefield Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREEN ACRES
STREET ADDRESS (If rural, give location) 5019 WAKEFIELD Rd.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) L. (Last) RUDDY
4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 3-3-09
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WASHINGTON, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN D. LEONARD
14. MOTHER'S MAIDEN NAME AGNES REAGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS J. CARLISLE RUDDY - 5019 WAKEFIELD Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Embolism Cerebral - Instant Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain Tumor - not malignant 3½ yrs ago

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1936, to June 15, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo J. Donovan M.D. ADDRESS 8016 Georgetown Road DATE SIGNED 6/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/52
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 6-16-52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14 Th. St. N. W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 x 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS: A16 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Takoma Park, md

LENGTH OF STAY (in this place): 4 days 18hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. San. & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Silver Springs

STREET ADDRESS (If rural, give location): 819 Silver Spring Ave.

3. NAME OF DECEASED; (Type or Print): (First) Frederick (Middle) William (Last) Schnabele

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	12-12-86	65 yrs.	5	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electritian

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Schnabele

14. MOTHER'S MAIDEN NAME: Mary Westenmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO.: 218-80-2390

17. INFORMANT & ADDRESS: Mrs. Myrtle M. Schnabele, 819 Silver Spring Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	May 4, 1952
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension, arterial.	years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction, residual of — Nov. 1950

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1951, to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE: Aaron H. Traum (DEGREE OR TITLE) M.D. ADDRESS: 8237 Georgia Ave Silver Spring Md DATE SIGNED: 6/8-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/11/52	Geo. Wash. Memorial Cemetery	Prince Geo. County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13-52	J. Wilbur Dodd	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11 / 25

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4710 Jones Bridge Road

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) Jane (Last) SELPH

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 20, 1881
9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months 00, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Luther FLOYD
14. MOTHER'S MAIDEN NAME: Amanda HERRING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT & ADDRESS: Daughter: Jewel A. SELPH, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Bronchogenic with metastasis — 9 mos.+
DUE TO
16.2X
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE: D. O'Hanian — (DEGREE OR TITLE) ADDRESS — DATE SIGNED
D. O'HANIAN, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — June 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: June 17, 1952 — NAME OF CEMETERY OR CREMATORY: Enon Cemetery — LOCATION (City, town, or county) (State): Thomasville, Georgia

DATE REC'D BY LOCAL REG.: June 17, 1952 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

VS, A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 4 mos. 23 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia — COUNTY: Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington

STREET ADDRESS (If rural, give location): 2311 North George Mason Drive

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Howard	Irving	SEPHTON	June 27, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 21, 1914	37 yrs.	11 / 06	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Officer	U.S. Navy	New York	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George SEPHTON	Magdelene MODER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES WW II	- - - - - - - - -	Wife: Alice M. SEPHTON,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Malignant Astrocytoma of the brain — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) ..... DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 months

193X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
3-10-52 & 5-22-52.	① Increased intracranial pressure ② Malignant astrocytoma	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 4, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE: E. P. Thelen — (DEGREE OR TITLE) — ADDRESS — DATE SIGNED

E. P. [illegible], LCDR, MC, USN — U. S. NAVAL HOSPITAL, BETHESDA, MD. — June 27, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	July 1, 1952	Long Island National Cemetery	Pine Lawn, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
June 27, 1952	Edith L. Willington	Robert A. Pumphrey Funeral Home, 7[illegible] Wisconsin Avenue, Bethesda, Maryland

VS. A16 8-51

RECEIVED
JUL 1 1952
BUREAU V. S.

13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE FLA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIAMI
HOSPITAL OR INSTITUTION OR STREET ADDRESS Holliffe's Home Montgomery County	STREET ADDRESS (If rural give location) 1736-Jefferson Ave.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) M. (Last) SHAPIRO				4. DATE OF DEATH (Month) June (Day) 17 (Year) 1952	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-17-1885	9. AGE last birthday 66 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET.	10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR	11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME IVAN SHAPIRO		14. MOTHER'S MAIDEN NAME SARAH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO-	16. SOCIAL SECURITY NO. ?	17. INFORMANT MR. MARTIN MALAMUT			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — 5 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized [illegible] — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple cerebro-vascular accidents — [illegible]

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1952, to 6-17, 1952, that I last saw the deceased alive on 6-16, 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	913 [illegible]	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 6-18-1952	NAME OF CEMETERY OR CREMATORY GEO. WASH. MEM	LOCATION (City, town, or county) (State) HYATTSVILLE, MD.
DATE REC'D BY LOCAL REG. 6/18/52	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Goldberg Funeral Home	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 517 W. Montg. Ave.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Patton (Last) Shaw

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 2, 1942
9. AGE last birthday 9 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Elementary School
11. BIRTHPLACE (State or foreign country) Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Daryl W. Shaw
14. MOTHER'S MAIDEN NAME Dora Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Daryl W. Shaw- same as item 42

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to vomitus

2/3X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Status Thymocolymphaticus

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-4-52
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 6/3/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-4

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — MARYLAND — LENGTH OF STAY (In this place) 35 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home 3004 Mac Comas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va — COUNTY Arlington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington — STREET ADDRESS (If rural, give location) 205 N. Piedmont St

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Zambia (Last) Sherwood

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 26 1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robt. E Cook

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Swaney - 205 N. Piedmont - Arlington Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4. **Immediate cause** (a) Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Frank J. Bronhart — (Degree or title) M.D. — ADDRESS: Hyattsville Md — DATE SIGNED: 6-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 6-10-52 — NAME OF CEMETERY OR CREMATORY: CONGRESSIONAL — LOCATION (City, town, or county) (State): WASH. D.C.

DATE REC'D BY LOCAL REG.: 6-9-52 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR AND ADDRESS: THE S. H. HINES CO. 2901-14TH ST. N.W., WASH., D.C.

RECEIVED
JUN 11
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 9½ hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head

STREET ADDRESS (If rural, give location): 61 Wallace Court

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Theophilus (Last) SILKMAN

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months 04 Days 01 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civilian Adm. Ass't

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward J. SILKMAN

14. MOTHER'S MAIDEN NAME: Mary FRENCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) WW I - - - - - - - -

17. INFORMANT & ADDRESS: Wife: Edith F. SILKMAN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Generalized peritonitis secondary to perforated marginal ulcer

157X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Progressive jaundice and liver damage with secondary anemia

DUE TO (c) Carcinoma head of pancreas

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 10 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 3:50 A.m., from the causes and on the date stated above.

SIGNATURE J. E. McCLENATHAN (DEGREE OR TITLE) LT, MC, USN ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED June 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-12-52

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Baltimore County, Maryland

DATE REC'D BY LOCAL REG. June 10, 1952

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Stewart & Bowen Co., Baltimore, Maryland

RECEIVED
JUN 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
   COUNTY: Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Virginia COUNTY: Spottsylvania
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fredericksburg
   STREET ADDRESS (If rural, give location): 822 Marye Street ✓

3. NAME OF DECEASED: (Type or Print) (First): (none) (Middle): (none) (Last): SKINNER

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 7, 1952

9. AGE last birthday: ✓ 00 yrs. IF UNDER 1 YEAR: Months 00 Days 00 IF UNDER 24 HRS.: Hours 02 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ned S. SKINNER

14. MOTHER'S MAIDEN NAME: Ruby Geneva ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: Mother: Ruby G. SKINNER,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Immaturity and Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 50 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work [ ] Not while at work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: C. L. WAITE, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: June 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Disposal — DATE THEREOF: June 10, 1952 — NAME OF CEMETERY OR CREMATORY: USN Medical School — LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: June 9, 1952 — REGISTRAR'S SIGNATURE: Ercil Cottingham

24. FUNERAL DIRECTOR — ADDRESS: None

RECEIVED
JUN 12 1952
BUREAU V. S.

M

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: 716 Hudson Ave, Takoma Pk Md

How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 1912 Jackson St NE (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Chester R. Smith

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Gertrude K. Smith

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): March 4, 1875

8. AGE: Years	Months	Days	If less than one day
77	3	26	hrs. min.

9. Birthplace: Flat Brookville N.J. (Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business: U.S. Government

FATHER

12. Name: Daniel Smith

13. Birthplace: Flat Brookville N.J.

MOTHER

14. Maiden name: Amanda Rosencrans

15. Birthplace: Flat Brookville N.J.

16. Informant: Mrs Gertrude Smith

Address: 1912 Jackson St NE Wash DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2 1952 (month) (day) (year)

Cemetery or crematory: Glenwood

Location: Washington D.C.

18. Funeral director: [illegible]

Address: 2901-14th St. N.W. Wash. D.C.

19. July 2 1952 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1952, at 12:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 1944, to June 30 1952 and that I last saw him alive on June 30 1952

Immediate cause of death: Paralysis agitans

Due to: Senescence

Due to: 350X

Other conditions: Hypertensive Cardio Vascular Disease (Include pregnancy within 3 months of death)

DURATION
over 16 yrs
unknown

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles J. Bowne MD M. D. or other

Address: 2001 R Ave NE Wash DC Date signed: 6/29/52

AU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10905 WARNER AVE

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) GIRL (Last) SORRELL
4. DATE OF DEATH (Month) JUNE (Day) 16 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —
8. DATE OF BIRTH JUNE 16, 1952
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 2 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FRED SORRELL
14. MOTHER'S MAIDEN NAME GRACE ERIN WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS MOTHER SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — Field 2 hrs after birth

1/16 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5AM 6/16 1952, to 7AM 6/16 1952, that I last saw the deceased alive on 6/16, 1952, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS 8016 Grafton Rd DATE SIGNED 6/16/52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 6-18-52
NAME OF CEMETERY OR CREMATORY Suburban Hospital
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 6/18/52
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR [illegible]
ADDRESS

2062284180

RECEIVED
IN 20 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery-Gaithersburg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13-Cedar Ave. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland-13-Cedar Ave. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 13 Cedar Ave., Gaithersburg, Md.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Souder

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1952

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug 31-1855

9. AGE last birthday 86 yrs. If under 1 year Months 9 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Bergton, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Josiah Souder

14. MOTHER'S MAIDEN NAME Catherine Bashore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS 13-Cedar Ave., Laura Burruss, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Chronic myocardial insufficiency	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic pneumonia	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis (Arteriosclerosis)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE Wheeler O. Huff (Degree or title) M.D. ADDRESS 4529 Maple Ave., Bethesda DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/2/52 NAME OF CEMETERY OR CREMATORY Forest Oak LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REG. July 1, 1952 REGISTRAR'S SIGNATURE Alfred G. Cooke

24. FUNERAL DIRECTOR E. C. Fochner ADDRESS Gaithersburg Md.

RECEIVED
JUL 3 1952
BUREAU M. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 5037 North Carlin Springs Road

3. NAME OF DECEASED: (First) Harold (Middle) Bennett (Last) STALLINGS

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 14, 1952

9. AGE Last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00 Days 06 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Randall L. STALLINGS

14. MOTHER'S MAIDEN NAME: Delia SUTTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY No.: - - - - - - -

17. INFORMANT & ADDRESS: Father: Randall L. STALLING[illegible],

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Septicemia — DUE TO

768.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 19 52, to June 20, 19 52, that I last saw the deceased alive on June 20, 19 52, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE: C. L. Waite
(DEGREE OR TITLE) ADDRESS: C. L. WAITE, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND
DATE SIGNED: June 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 24, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: June 21, 1952
REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion
LENGTH OF STAY (In this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: % Melinda Russell, Derwood Rt 1

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland. COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location): Box 103 RFD #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EMANUEL STEVENSON
4. DATE OF DEATH (Month) (Day) (Year): 6 17 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 2, 1868
9. AGE last birthday: 84 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Upper Marlboro, Md
12. CITIZEN OF WHAT COUNTRY: U.S.A
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Gladys Strudwick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myocarditis	Yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Disease	Yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrant Ulcer, Left Hip — 20 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1952, to 6/17, 1952, that I last saw the deceased alive on 6/16, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD ADDRESS: Sandy Spring, Md. DATE SIGNED: 6/17/52

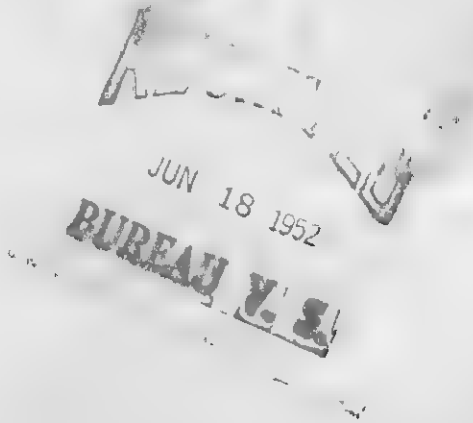
23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF: 6-17-52
NAME OF CEMETERY OR CREMATORY: St Lukes Methodist
LOCATION (City, town, or county) (State): Church Meade Va.

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: Helen S. Eckenfelder per L.V.A.
24. FUNERAL DIRECTOR: Henry S. Washington
ADDRESS: 467 "N" St N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


JUN 18 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 mo. 25 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. — COUNTY: - - - - -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): Metropolitan Club

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) Eric (Last) TAFF

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 10, 1895	56 yrs.	11	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Official	U.S. State Depart.	New Jersey	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alfred TAFF	Mary VARLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES WW I	- - - - - -	Sister: Mrs. Doris T. CAUSSE, Brandon Rd., Pittsford, Vermont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Tumor, Pituitary Metastatic	Approx.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma, Pancreas	6 mos.
	DUE TO (c)	

157X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 2, 1952, to June 27 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
[illegible] Siegen	U.S. [illegible], CDR, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	June 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 28, 1952		East Orange, New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 28, 1952	Cecil L. Ellington	S. H. Hines Funeral Home, 2001 14th St., NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 711 3/ [illegible]

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) A. (Last) Town
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 19, 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ira Burroughs
14. MOTHER'S MAIDEN NAME Jane Ann Wallace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS brother Robt. W. Burr ughs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral ~~[illegible]~~ Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral + generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 days; years?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/24, 1952, to 6/2, 1952, that I last saw the deceased alive on 5/30, 1952, and that death occurred at 9 15 A. m., from the causes and on the date stated above.

SIGNATURE Seymour Greenbaum (Degree or title) M.D. ADDRESS 9300 Ewing Drive, Bethesda 14, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF June 5, 1952 NAME OF CEMETERY OR CREMATORY National Memorial Park LOCATION (City, town, or county) Falls Church (State) Va.

DATE REC'D BY LOCAL REG. 6/3/52 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. William Lee Song Co. ADDRESS 300-4th St. N.C. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M3

1

RECEIVED
JUN 5 1952
BUREAU V. S.

25

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Lillian H. Bricker's Rest Home, 3000 McComas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Canton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ione (Middle) S (Last) Watson

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/3/96

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, U.S. Gov't.

10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Interior

11. BIRTHPLACE (State or foreign country): New Canton, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Reed

14. MOTHER'S MAIDEN NAME: Gertrude Smith Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Lillian H. Bricker, 3000 McComas Ave., Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast with metastasis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) Frank J. Brockhat M.D. — ADDRESS Gaithersburg md — DATE SIGNED 6-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF 6/9/52 — NAME OF CEMETERY OR CREMATORY ?? — LOCATION (City, town, or county) (State): Barry, Pike County, Ill.

DATE REC'D BY LOCAL REG. 6/10/52 — REGISTRAR'S SIGNATURE Frances Fetter

24. FUNERAL DIRECTOR — ADDRESS: Warren E. Tumpluey, 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
JUN 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 126

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 1542 New Jersey Avenue, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Clark (Last) WAUGH

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 1, 1923

9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months 07 Days 03 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Corlie F. WAUGH

14. MOTHER'S MAIDEN NAME: Daisy YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: - - - - - - - - -

17. INFORMANT & ADDRESS: Wife: Lottie B. WAUGH, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage from Posterior Inferior Cerebellar Artery, Lt	2 hours
204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Leukemia, Myeloid Chronic	2+ years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 19 52, to June 4, 19 52, that I last saw the deceased alive on June 4, 19 52, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Marland (DEGREE OR TITLE) ADDRESS: A. E. MARLAND, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: June 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 9, 1952 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. June 4, 1952 — REGISTRAR'S SIGNATURE: Earl L. Whittington

24. FUNERAL DIRECTOR ADDRESS: W. H. Jarvis Funeral Home, 1432 U Street, NW, Washington, D.C.

RECEIVED
JUN 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia COUNTY: Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington

STREET ADDRESS (If rural, give location): 5925 2nd Street ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
(none)	(none)	WHATTON	June 21, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	June 20, 1952	00 yrs.	00	01		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - -	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Earl WHATTON	Evelyn JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO - - - - -	- - - - - -	Father: James E. WHATTON,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Immaturity	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Prematurity	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 20, 1952, to June 21, 1952, that I last saw the deceased alive on June 21, 1952 and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

L. W. SELBERT, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — June 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	June 23, 1952	USN Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23, 1952	Elick L. Ellington	NONE	

RECEIVED
JUN 25 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 12 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4939 St. Elmo Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4939 St. Elmo Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	IRVING	H.	WILLETT	June	29,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	6-10-1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farm Owner	Charles Co., Maryland	U.S.

13. FATHER'S NAME: ? Willett
14. MOTHER'S MAIDEN NAME: Marie Storey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Dorothy Bigelow-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	5 WKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing [illegible] Arteriosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1946, to June, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Carl Conway MD		Fort Hunt Alexandria Va	6/30/52

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-1-52	Wash. Nat. Cem. Corp.	Suitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/1/52	[illegible]	Robert A. Pumphrey	Bethesda, Md.

VS. A15

RECEIVED
JUL 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beth
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, Md.
STREET ADDRESS (If rural, give location) R7D#2

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Elizabeth (Last) Williams
4. DATE OF DEATH (Month) June (Day) 19th (Year) 1952
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH August 23
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Mtgion Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Russell
14. MOTHER'S MAIDEN NAME Lizzie Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Basil Williams Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exsanguination	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bleeding Duodenal Ulcer	2 wks
	(c) Duodenal Ulcer	6 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 June, 1952, to 19 June, 1952, that I last saw the deceased alive on 19 June, 1952, and that death occurred at 9 35 p m., from the causes and on the date stated above.

SIGNATURE Martin L. White (Degree or title) M.D. ADDRESS 9715 Georgia Ave Silver Spring Md DATE SIGNED 19 June 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 23 NAME OF CEMETERY OR CREMATORY Mtgion LOCATION (City, town, or county) Montgomery Co (State)

DATE REC'D BY LOCAL REG. 6/23/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snyder ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

RECEIVED
JUN 25 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 130

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Jeanette (Middle) Roselle (Last) Wilson

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-19-74

9. AGE last birthday: 77 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Thomas Parlett

14. MOTHER'S MAIDEN NAME: Eleanor Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171X

Immediate cause (a) Carcinoma of the Cervix — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-15-52

19b. MAJOR FINDINGS OF OPERATION: Biopsy = Carcinoma of Cervix

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1952, to 6-25, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John Brownsberger by H.J. Weber, M.D. M.D. Wash. San. & Hosp. Takoma Park 6/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 28, 1952 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM — LOCATION (City, town, or county): BALTIMORE — (State) Md.

DATE REC'D BY LOCAL REG. June 25 1952 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Eugene Simmons Nicholas — ADDRESS 1111 L St. Washington, D.C.

RECEIVED
JUN 30 1952
BUREAU V. S.

Item 21 Film G145 7-24-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Silver; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sam. Rd. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash; STREET ADDRESS (If rural, give location) 3452 Dittmar St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) [illegible] (Last) Kimberly

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 4-8-87

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sheffield

12. CITIZEN OF WHAT COUNTRY? Eng

13. FATHER'S NAME: Benjamin Bradley

14. MOTHER'S MAIDEN NAME: Matilda Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic pneumonia	3 to 5 days
904.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c) Fracture left femur	2 hrs

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Acc.; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --; m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? Unk.

22. I hereby certify that I attended the deceased from 5/ /52, to 6/13/52, that I last saw the deceased alive on 6/ /52, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. Sandy Spring, Md. 6/13/52

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF June 16-52; NAME OF CEMETERY OR CREMATORY Confessional Cemetery; LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 6-13-52; REGISTRAR'S SIGNATURE Gertrude B Lanahan

24. FUNERAL DIRECTOR: J. W. [illegible] & Son; ADDRESS 3004-14 St. N.E.

RECEIVED
JUN 23 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06632

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Surburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural, give location) 11714 Galt Ave Silver Spring

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M (Last) Yarnell
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 25 1866
9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trainman
10b. KIND OF BUSINESS OR INDUSTRY: B&O railraad
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Teeter Yarnell
14. MOTHER'S MAIDEN NAME: Mary Grannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Alice B. Palmer 1116 So Edgewood St Arlington Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	2 days
430.1	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/49, 19..., to 6/25/52, 19..., that I last saw the deceased alive on 6/25/52, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Patrick C. Jameson M.D 1100 Seminary Place Silver Spring Md 6/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal
DATE THEREOF: 26 June 1952
NAME OF CEMETERY OR CREMATORY: St Patricks
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG. 6/26/52
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: George Funeral Home ADDRESS: 202 Greene St Cumberland Md

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 30 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 mo 24 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park

STREET ADDRESS (If rural, give location): 5215 Mineola Road

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Lee (Last) ZUMBRUN

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 22, 1917

9. AGE last birthday: 35 yrs. — IF UNDER 1 YEAR: Months 04, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard DAUGHTERY

14. MOTHER'S MAIDEN NAME: Novella BYRD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — **(If Yes, give war or dates of service)** - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Husband: Sylvester H. ZUMBRUN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cardio respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Toxic State, intestinal obstruction

DUE TO (c) Carcinoma of Cervix c metastases

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NOV 1951

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF CERVIX

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 9, 19 52, to June 3, 19 52, that I last saw the deceased alive on June 3, 19 52 and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE: C. T. McChesney Jr.

(DEGREE OR TITLE) C. T. McCHESNEY, JR., LTJG, MCR, USNR ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED June 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 5, 1952

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: June 3, 1952

REGISTRAR'S SIGNATURE: Elick L. Lillington

24. FUNERAL DIRECTOR ADDRESS: Gasch's Funeral Home, 4739 Baltimore Ave., Hyattsville, Maryland

RECEIVED
JUN 5 1952
BUREAU V. S.